

Permit Fee: \$ \_\_\_\_\_

Permit No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

# TOWN OF MASHPEE COMMERCIAL

Received \_\_\_\_\_

## BUILDING PERMIT APPLICATION

Tel. 508 539-1406 Fax 508 539-1142

Map \_\_\_\_\_

Parcel \_\_\_\_\_



**Job Address:** \_\_\_\_\_ **Zone** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Bldg. USE is:** Multi Family (No. of units) \_\_\_\_\_ Commercial \_\_\_\_\_ Automotive \_\_\_\_\_ School \_\_\_\_\_

Industrial \_\_\_\_\_ Business \_\_\_\_\_ Child/Daycare \_\_\_\_\_ Medical \_\_\_\_\_ Restaurant/Bar \_\_\_\_\_

**Purpose of Permit:** New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration/Repair \_\_\_\_\_ Garage \_\_\_\_\_

Renovation \_\_\_\_\_ Shed \_\_\_\_\_ Pool \_\_\_\_\_ Roofing \_\_\_\_\_ Deck \_\_\_\_\_ Foundation Only \_\_\_\_\_

Demolition \_\_\_\_\_ Other \_\_\_\_\_

**Flood Zone** \_\_\_\_\_ **Wetlands** Yes \_\_\_\_\_ No \_\_\_\_\_

**Work Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check what applies for this project:** Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Gas Fitting \_\_\_\_\_

Oil Storage \_\_\_\_\_ Asbestos/Lead Removal \_\_\_\_\_ Fire Suppression \_\_\_\_\_ Fire Detection \_\_\_\_\_

**Total Project Cost** \$ \_\_\_\_\_

### OFFICIAL USE

Fee \_\_\_\_\_ Check No. \_\_\_\_\_ Paid in Full \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

\_\_\_\_\_  
Print Name of Bldg. Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CONTRACTORS INFORMATION

CSL No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

## ***PRINT***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town zip: \_\_\_\_\_

Email: \_\_\_\_\_

## **HOME IMPROVEMENT CONTRACTOR (HIC)**

Company Name or HIC Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town zip: \_\_\_\_\_

HIC No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## **Workers' Compensation Insurance Affidavit (M.G.L. 152 § 25C(6))**

Workers Compensation Insurance affidavit must be submitted with the application or the application will be denied.

Workman's Comp: I am the Sole Proprietor \_\_\_\_\_ I have Worker's Comp. \_\_\_\_

Signed Affidavit Attached \_\_\_\_ Yes \_\_\_\_ No

## **OWNER AUTHORIZATION**

I, as Owner of the subject property hereby authorize \_\_\_\_\_  
to act on my behalf in all matter relative to work authorized by this building permit application.

Owners' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner or Authorized Agent Declaration: I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **SIGN OFFS**

Board of Health \_\_\_\_\_ Conservation: \_\_\_\_\_

Fire Department \_\_\_\_\_ Tax Collector: \_\_\_\_\_